



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
LETTER OF INTENT APPLICATION DEGREE ADVANCEMENT

Institution Name: _____

The accreditation process of the Commission on Accreditation for Respiratory Care (“the CoARC”) is initiated or continued at the request of the institution sponsoring an educational program in respiratory care. This Letter of Intent application, signed by the chief executive officer and chief academic officer, constitutes the formal request for an Approval of Intent, the first step in the accreditation process.

The CoARC accreditation process provides peer review of the program’s educational content and process based on national education standards published as the CoARC Accreditation Standards for Degree Advancement Programs in Respiratory Care.

The Letter of Intent process includes: (1) A statement of educational objectives established by the Sponsor; (2) Submission of this completed application and required documentation; (3) Evaluation by an independent body as to whether the program complies with the *Standards* for accreditation. Volunteers from the educational and professional communities provide their time and experience to support this process.

The undersigned hereby apply to the CoARC for accreditation of Degree Advancement (DA) Program (the “Program”) in accordance with and subject to the procedures, Standards, and regulations of the CoARC. The Institution and Program have read and agree to the conditions set forth in the CoARC’s *Standards*, Accreditation Policies and Procedures Manual, and other policy documents describing accreditation and the accreditation process. The Institution and Program understand and agree that the Program will be subject to denial of accreditation; to withdrawal of accreditation and forfeiture and redelivery of any status of public recognition indicating accreditation granted by the CoARC; and to denial of future eligibility for accreditation in the event that any of the statements or answers made in this application are false or in the event that the Institution or Program violates any rule or regulation of the CoARC governing accredited programs.

The Institution and Program authorize the CoARC to make whatever inquiries and investigations it deems necessary to verify the contents of this application. The Institution and Program understand that this application and any non-public information or material received or generated by the CoARC in connection with the accreditation process will be kept confidential and will not be released unless the Institution or Program has authorized such release or unless such release is required by law, except when required to meet recognition criteria of the Council for Higher Education Accreditation (CHEA). Information identified in CoARC Policy 14.03 will not be treated as confidential and may be released to the public. The CoARC may use other information from this application for the purpose of statistical analysis, provided that the Program’s identification with that information has been deleted.

To the extent permitted by relevant state law, the Institution and Program hereby agree to hold the CoARC, its officers, commissioners, employees, and agents harmless from any and all actions, suits, obligations, complaints, claims, expenses and damages including, but not limited to, reasonable attorneys’ fees, arising out of any action or omission by either of them in connection with this application; the application process; or the denial or withdrawal of the Program’s accreditation or eligibility for accreditation.

Students matriculated in a Degree Advancement (DA) program that graduate on or after the conferral date of Provisional Accreditation will be considered graduates of a CoARC-accredited program.



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This application may be withdrawn by the Sponsor at any time and for any reason before final action is taken by the CoARC. The Sponsor may submit another application at any subsequent time without prejudice. The Sponsor affirms that, should the proposed program receive Provisional Accreditation, the stated number of students admitted annually shall not be increased until Continuing Accreditation is granted. The Sponsor also affirms that after Continuing Accreditation is granted, should the sponsor wish to increase the maximum number of students, it will follow the procedures delineated in Section 9 of the CoARC Accreditation Policies and Procedures Manual.

Notwithstanding the above, should the Sponsor file suit against CoARC, the Institution and Program agree that any such action shall be governed by, and construed in accordance with, the laws of the State of Texas without regard to conflicts of law. The Institution and Program further agree that any such action shall be brought in the District Court of Tarrant County in the State of Texas, or the Federal District Court for the Northern District of Texas; consents to the jurisdiction of such state and federal courts; and agrees that the venue of such courts is proper. The undersigned further agrees that, should the Sponsor not prevail in any such action, the CoARC shall be entitled to and, to the extent permitted by relevant state law, shall be reimbursed for all costs, including reasonable attorneys' fees, incurred in connection with the litigation.

THE INSTITUTION AND PROGRAM FORMALLY DECLARE OUR INTENT TO DEVELOP AND SEEK ACCREDITATION FOR DEGREE ADVANCEMENT (DA) PROGRAM AND REQUEST INITIAL REVIEW OF THE PROPOSED PROGRAM.

THE INSTITUTION AND PROGRAM UNDERSTAND THAT THE DECISION AS TO WHETHER THE PROGRAM QUALIFIES FOR ACCREDITATION RESTS SOLELY AND EXCLUSIVELY WITH THE COARC AND THAT THE DECISION(S) OF THE COARC IS FINAL AND BINDING.

THE UNDERSIGNED HAVE THE AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE SPONSOR, AS INDICATED BELOW.

THE UNDERSIGNED HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND INTEND FOR THE INSTITUTION AND PROGRAM TO BE LEGALLY BOUND BY THEM.

**INSTITUTION
(CEO/President)**

Date: _____

Name: _____

Title: _____

Signature: _____

**PROGRAM
(Chief Academic Administrator/Dean)**

Date: _____

Name: _____

Title: _____

Signature: _____



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The following are requirements for the submission of a Letter of Intent Application:

1. This application is to be completed for all applicant programs. All information is required unless otherwise indicated and must be typed, scanned, and submitted electronically to Bonnie Marris at bonnie@coarc.com.
2. The application must include complete contact information. If the application is prepared by a representative on behalf of an institution, the preparer's contact information must also be included.
3. A nonrefundable Letter of Intent Application fee (see <http://www.coarc.com>) must be submitted before the application is considered.
4. The application will be reviewed when all required components, including any necessary state approval and all applicable fees, have been received and the application is determined to be complete. This application must be received in electronic format. Applications that are incomplete will not be processed, and applicant programs will be required to resubmit the application. If the required documentation is not received by the Executive Office within twelve (12) months following submission of the Letter of Intent Application, the application will be rejected and the Letter of Intent fee will be forfeited. Should the sponsor decide to proceed with the application a new application and fee will be required (see Policy 2.021).
5. The Approval of Intent will expire two (2) years from the date of issue. Applicant programs that fail to submit a Provisional Self Study Report (PSSR) within six (6) months of receiving the Approval of Intent must reapply for accreditation following the process outlined in *CoARC Policy Section 2.0: Initiation and Reaffirmation of Accreditation* and be required to submit all applicable fees.
6. The sponsor must adhere to the submission deadlines as described in Policy 1.11 of the CoARC Accreditation Policies and Procedures Manual.
7. All submissions must use the most current version of this application. Previous versions of this application will not be accepted. Please check with the CoARC Executive Office.
8. Follow the instructions on the next page to help assemble the required documentation for this Letter of Intent.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE LETTER OF INTENT APPLICATION DEGREE ADVANCEMENT

Instructions

The Letter of Intent Application is an interactive Adobe Acrobat Document (PDF) that is compatible with Adobe Acrobat Software 8.0 and later.

Please be sure that documents are positioned so that they do not need to be rotated to view and the ability to rename the folder and/or documents is not restricted.

Please use the steps below as a guide in completing the Letter of Intent Application.

1. Create a main folder on your desktop that is labeled with the "Sponsor Name, Letter of Intent (LOI), Submission Date" (i.e., ABC College LOI 03.01.2013).
2. Open the main folder and create **one** sub-folder for the supplementary documents/ attachments named **Supplementary Documents**.
3. Save the Letter of Intent Application to the main folder you created on the desktop.
4. Name the Letter of Intent Application the same as the main folder "Sponsor Name, LOI, Submission Date" (i.e., ABC College LOI 03.01.2013).
5. Open the saved template and complete the requested information along with the appropriate signatures.
6. Place all documentation requested to **'include as attachment'** throughout the application in the Supplementary Documents folder. If the document is in a different file format, you will need to convert the document into a PDF. In the event that more than one document is required for an attachment, all requested documents should be combined (i.e., scanned or PDF portfolio) to create a single PDF attachment.

It remains the responsibility of the program to provide this information as requested and in an electronic format. Please contact Bonnie Marris (817-283-2835 ext. 102 or bonnie@coarc.com) at the CoARC Executive Office if help is required.



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General Information - Sponsor

1. Name and contact information of the sponsor:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

2. Is the Sponsor part of a consortium? Yes No
(If "YES" please list the names of each consortium member)

3. Complete the following for the sponsoring educational institution
(If a consortium, complete the following for the primary sponsor –see CoARC Standard DA1.2):

- a. Sponsoring Educational Institution Type:
- b. Sponsoring Educational Institution Control / Ownership:
- c. If the sponsor (or any member of the consortium) is privately owned, please indicate the name of the owner(s), contact information, and the percent ownership:



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d. Sponsoring Educational Institution Accreditation

I. Name of Institutional Accrediting Agency:

II. Current Accreditation Status*:

Year of Last Accreditation Review:

Year of Next Accreditation Review:

III. Is the sponsoring educational institution legally authorized under applicable state laws to provide postsecondary education**? Yes No

Comments:

**The sponsor must include as an attachment a copy of the most recent institutional accreditation letter/certificate with this application. For consortium sponsors, this information must be provided for each member of the consortium.*

Refer to step 6 of the step-by-step instructions (page 4) for combining multiple documents. For linking purposes, the file type must be PDF and the exact name of the document should be Attachment 1-Institutional Accreditation Letter-Certificate.

*** The sponsor must include as an attachment a copy of the most recent approval from or registration with the appropriate state agency (if applicable). For consortium sponsors, this information must be provided for each member of the consortium.*

If approval from CoARC is required BEFORE state agency/institutional accreditor approval, please indicate this by checking the box.

If this documentation is applicable, the file type must be PDF and the exact name of the document should be Attachment 2-State Agency Acknowledgement.



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- 4. Proposed Program Name: _____
- 5. Type of degree to be offered (BS, MS, etc.): _____
- 6. Institutional Website URL (i.e., http://www.institution.edu):

- 7. Answer only one of the following:
The original date for admission of the first class of students: _____
OR
The requested target date for admission of the first class of students: _____

CoARC Policy 2.021 – REQUIRED DOCUMENTATION

If this application is a request to transition a program option to a new base program (see CoARC Policy 2.06), please indicate this by checking the box.

- 1. The program should provide advisory committee minutes which demonstrate approval of the Degree Advancement Program, its goals, and its expected student learning outcomes.

If the degree advancement program is already established with an existing advisory committee, please indicate this by checking the box and proceed to question #3:

The sponsor ***includes as an attachment*** evidence of compliance with this policy (i.e., electronic mail or USPS, FedEx, UPS, etc. mail correspondence of invitations to the Study Group participants). Refer to step 6 of the step-by-step instructions (page 4) for combining multiple documents. For linking purposes, the file type must be PDF and the exact name of the document should be **Attachment 3-Study Group Invitation Evidence.**

List of Members of Study Group: The sponsor ***includes as an attachment*** a list of study group members, including their job titles and contact information, as well as their affiliations. An accompanying explanation should make clear that they represent those within the community who would hire graduates of the proposed program. For linking purposes, the file type must be PDF and the exact name of the document should be **Attachment 4-Study Group Member List.**

Comments:



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2. A Chair with neither present nor past affiliation with the program sponsor(s) must be elected by the Study Group. This individual will oversee all responsibilities of the Study Group.

Study Group Chair Information:

Name: _____
Job Title: _____
(primary employer)
Email: _____
Phone#: _____

Comments:



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3. For those programs with a clinical component, the sponsor must ensure that the appropriate administrative officer and the Director/Manager of Respiratory Care of each proposed clinical site affirms, in writing, that her/his institution has sufficient clinical resources to support its share of the clinical activities of the proposed program without adversely affecting the clinical activities of any existing respiratory programs at that clinical site. Signed affirmation letters from each proposed clinical site stating the maximum number of clinical slots available for students from the proposed new program must be mailed or faxed directly to the CoARC Executive Office. Sponsors must use the CoARC-approved Clinical Site Affirmation Form available at www.coarc.com. The Clinical Site Affirmation Forms required with the Letter of Intent Application must be received by the CoARC Executive Office within thirty (30) days after the date of the receipt of the Letter of Intent Application. Failure to meet this deadline may result in a delay of consideration of approval.

If the degree advancement program does not offer a clinical component, please indicate this by checking the box and proceed to question #4:

The following is a list of all proposed clinical affiliates that have been sent a Clinical Affirmation Form:*

	Name of Proposed Clinical Affiliate	City	State	Date Form Sent To Affiliate
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

**Programs must use the Clinical Site Affirmation Form available at www.coarc.com.*



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Comments:

4. The sponsor of the proposed program must:

- a) State a maximum annual enrollment and any expansion of that number would need to be justified with a detailed plan to address increased need for faculty and other resources.

Comments:

- b) Explain how the clinical slots guaranteed by the administrators of the clinical sites (listed above) will be used to schedule the first and second year students in the clinical courses. The sponsor must also include a description of any overlaps in clinical schedules with multiple cohorts.

*The sponsor **includes as an attachment** a proposed master clinical schedule (in table format) showing aggregate information provided on pages 1 and 2 of the clinical affirmation form for each of the proposed clinical affiliates listed in #3. The master clinical schedule should list the proposed clinical courses in the sequence in which the students would typically enroll in them.*

*For linking purposes, the file type must be PDF and the exact name of the document should be **Attachment 5-Proposed Master Clinical Schedule**.*

If the degree advancement program does not offer a clinical component, please indicate this by checking the box:

Comments:



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5. The program should supply copies of Advisory Committee minutes that reflect discussion and a vote in support of the establishment of the Degree Advancement Program. The program should supply a list of the Advisory Committee membership and job titles.

Name and contact data for person responsible for the preparation and submission of this application:

Name: _____
Credentials: _____
Title: _____
Phone: _____ FAX: _____
Email: _____

Prior to submitting, double-check to be sure all fields in the application have been completed, appropriate signatures obtained, all required documents are included in the Supplementary Documents folder, and the attachment links work.

Submit this completed application to bonnie@coarc.com and mail the appropriate fee to:

Commission on Accreditation for Respiratory Care (CoARC)
264 Precision Blvd
Telford, TN 37690
817-283-2835
817-510-1063 Fax
www.coarc.com